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 **Dr. Onix Droz (Doctor Of Chiropractic)**

 **Chiro Time Clinics**

1102 Thornton Rd Suite C Lithia Springs, GA 30122

 (404) 480-4215

 [N/A Directions?](#)

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U.S. DEPARTMENT OF TRANSPORTATION
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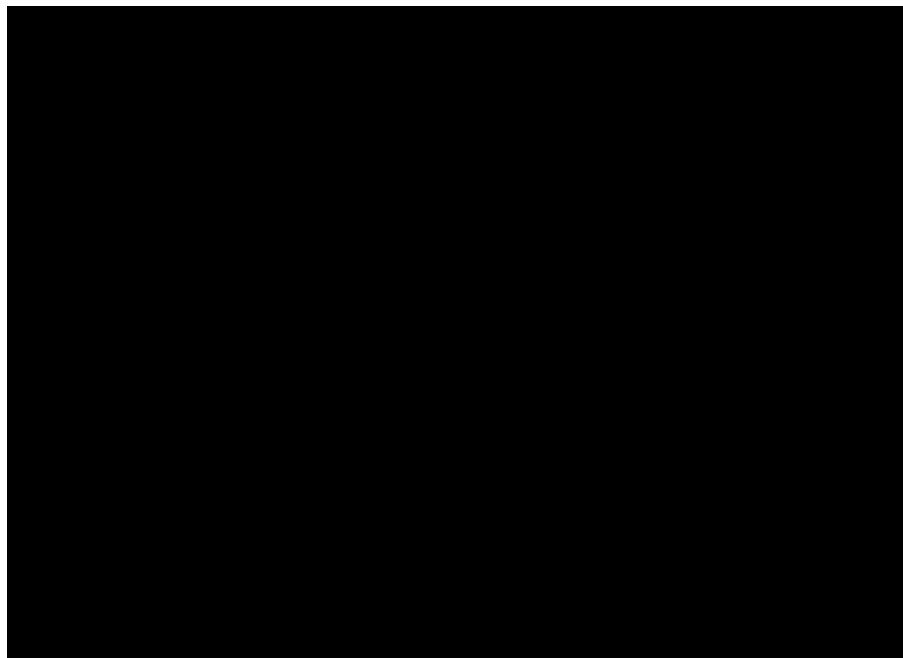
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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Lash** **First Name: Melvin** in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63 (Federal))
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature *[Signature]* **Medical Examiner's Telephone Number** 4043818664 **Date Certificate Signed** 8/15/24
Medical Examiner's Name (please print or type) Dr. Omis Dvor ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number CHIR011046 **Issuing State** Georgia **National Registry Number** 8398861083

Driver's Signature *[Signature]* **Driver's License Number** 054840308 **Issuing State/Province** GA
Driver's Address Street Address: 80 Pulaski Ave City: Hampton State/Province: GA Zip Code: 30228 **CLP/CDL Applicant/Holder** ☒ Yes ☐ No

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Rev 3/29/22

